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NO 09: 39

To: Application Processing Division
Fax #: 703/308-7751
Firm: Customer Correction Branch
Assistant Commissioner of Patents
Client #: 9116-392
Pages: 2
(including cover)

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Originals to follow by: None will follow

Docket No. 9116-392

CERTIFICATE OF FACSIMILE

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to: Attn: Application Processing Division; Customer Correction
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Boris S. Kozlov

PATENT

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Vladimir Gartstein : Paper No.:
Serial No.: 09/778,652 : Group Art Unit: 2872
Filed: February 7, 2001 : Examiner:
For: Noninvasive Methods and Apparatus for Monitoring at
Least One Hair Characteristic

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Attn: Application Processing Division
Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Attached is a copy of the Updated Filing Receipt received in this application. The Updated Filing Receipt is incorrect in that the second inventor's middle initial is incorrect. The Updated Filing Receipt the second inventor's middle initial as "P". The correct inventor's name is Prashanth M. Kini. A corrected Filing Receipt is requested.

Respectfully submitted,

By *Holly D. Kozlowski*
Holly D. Kozlowski, Reg. No. 30,468
Attorney for Applicants
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1900 Chemed Center
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UNITED STATES PATENT AND TRADEMARK OFFICE

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 COMMISSIONER FOR PATENTS
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 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 5486

SERIAL NUMBER 09/778,652	FILING DATE 02/07/2001 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 9116-392
APPLICANTS Vladimir Gartstein, Cincinnati, OH; Prashanth M. Kini, San Bruno, CA; Holly L. Krigbaum, Cincinnati, OH; Lee A. Oliver, Cincinnati, OH; Richard J. Schwen, Cincinnati, OH;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/30/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Greg C. [Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 34
ADDRESS 27752		INDEPENDENT CLAIMS 3		
TITLE Noninvasive methods and apparatus for monitoring at least one hair characteristic				
FILING FEE RECEIVED 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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